

8

Counseling Parents of Mildly and Moderately Handicapped Children

After mastering the material in this chapter, you should be able to

1. Distinguish between mild, moderate, severe, and profound handicapping conditions.
2. Define a mild handicapping condition.
3. Define a moderate handicapping condition.
4. Understand the basis, rationale, and purpose of the teacher-helper parent conference.
5. Identify counseling goals for parents of mildly and moderately retarded children.
6. Understand how counseling goals may be intellectual, emotional, and behavioral in nature.
7. Define the crisis intervention method and identify factors that contribute to a return of equilibrium.
8. Describe and illustrate how the Carkhuff model may be used to counsel parents of handicapped children.

The counseling relationship, through its supportiveness, offers encouragement, comfort, and reassurance until natural processes of change, intraindividual or environmental, bring relief.
—Richard E. Pearson

All too frequently, professionals and parents assume that they hold the same values regarding what is desirable for the retarded individual. Yet, the values held by parents and the professional may be incompatible, leading to conflicts regarding program objectives and long-range goals.

—Philip Roos

DEFINING MILD AND MODERATE HANDICAPPING CONDITIONS

This chapter presents a definition and approach to both mild and moderate handicapping conditions; however, let us first examine this issue more specifically by defining mental retardation. The American Association on Mental Deficiency (AAMD) developed a common classification system of the mentally retarded. According to Hallahan and Kauffman (1982), since most professionals classify the retarded according to the severity of their problems, the most useful system based on severity is that of the AAMD. The terms used by the AAMD (mild, moderate, severe, and profound retardation) do not negatively stereotype the mentally retarded. The terms also describe the functioning of the child. Table 8.1 shows the relationship between the AAMD's classifications and intelligence test scores.

Heward and Orlansky (1984) agree that the AAMD classification system is the most widely used by diagnosticians; however, they note that because the skills and abilities of mentally retarded children vary, classification must be done carefully. Classifying a child as severely retarded solely on the basis of an IQ score could limit the child's access to programs for higher functioning children.

Hardman, Drew, and Egan (1984) discuss children with mild learning disorders and their place in the classroom.

TABLE 8.1 AAMD levels and the corresponding intelligence test scores

AAMD Level	IQ Range
Mild	50-55 to 70
Moderate	35-40 to 50-55
Severe	20-25 to 35-40
Profound	below 20-25

Individuals with mild learning and behavior disorders have been described as casualties of an educational system that has been unable to meet their academic or social needs. These students have traditionally been classified as having borderline mental retardation, mild behavior disorders, and specific learning disabilities. The more informal (unofficial) labels include slow learner, discipline problem, or poorly motivated student. The causes of mild learning and behavior disorders are generally unknown, but these problems are closely associated with diverse cultural backgrounds, socioeconomic differences, or poor teaching. The traditional categories have emphasized the discrepant characteristics of these students even when actual performance in the classroom suggests a considerable overlap from category to category in both academic and behavioral skills. (p. 111)

Heward and Orlansky (1984) note that mildly retarded children are often referred to by educators as educable mentally retarded (EMR).

Hardman, Drew, and Egan define a child with a moderate learning or behavior disorder as an individual who exhibits intellectual, academic, and/or social-interpersonal deficiencies that range between two and three standard deviations from the norm. At this level, the individual will need substantial treatment and perhaps modified environmental accommodations. Heward and Orlansky note that moderately retarded children are sometimes referred to by educators as trainable mentally retarded (TMR). Typically, they will not benefit from traditional schooling. Instead, they will need a specialized training program that concentrates on self-care, communication, and social skills. Cartwright, Cartwright, and Ward (1984) indicate that of all mentally retarded persons, the mildly retarded are the largest subgroup, representing 85 to 87 percent of the total retarded population. The moderately retarded make up about 6 to 10 percent of the mentally retarded population.

COUNSELING STRATEGIES AND INTERVENTIONS

Vander Zanden and Pace (1984) point out that most parent counseling strategies fall into three categories: (1) informational programs to provide parents with facts about their child's condition, (2) psychotherapeutic programs to help parents deal with and understand their own problems and those of their children, and (3) parent training programs to help parents develop effective child management and teaching skills. Although all three strategies benefit parents, it is certain that most parents need basic essential information about their child's condition. At this point, we can identify and examine one of the most frequently used means of providing this information—the teacher-helper parent conference.

Lombana and Lombana (1982) devised a model of home-school collaboration that illustrates some important parent activities and the time and skill necessary for each. This model is presented in Figure 8.1. Lombana

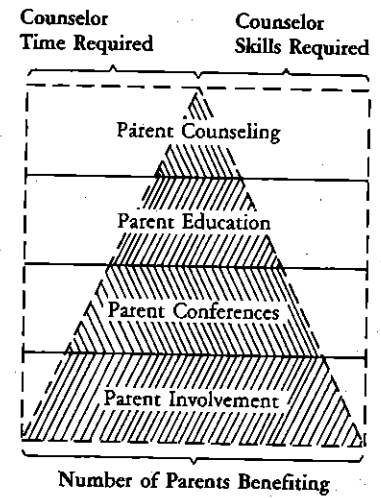


FIGURE 8.1 Home-school partnership model

and Lombana note that the bottom section of the triangle represents the number of parents who want to feel a part of the school. The next section represents parents who need productive conferences with counselors, teachers, and other personnel. The third level depicts parent education programs, or programs that teach parents more effective ways to discipline and communicate with their children. The top of the triangle represents the needs of the smallest number of parents—counseling. Lombana and Lombana also point out the importance of the two inverted triangles on either side. These illustrate the relationship between parental needs and counselor expertise and time. As we can see from the diagram, the relationship is inverse—the activities needed by the fewest parents are the most demanding of counselors in terms of time and skill.

Klein (1979) makes this point:

A parents-school conference should be a productive, worthwhile experience for all involved. However, it is not easy. Merely placing parents and educators and/or professionals in the same room to discuss a child does not automatically make that experience fruitful. Unless such meetings are thoughtfully planned and carried out, they can be frustrating, time-consuming exercises in futility. Many educators (as well as parents) find themselves participating in such meetings with no specific training or experience about how to properly conduct such meetings. Everyone's lack of experience in communicating together adds to the fact that developing and carrying out an educational program for any child is a complicated task. The educational planning itself can result in conference participants feeling insecure, nervous, or on-the-spot feelings that influence their behavior in the conference itself. (p. E19)

Goals of the Helping Relationship

It would be helpful at this point to identify the goals or expected outcomes of the parent-school relationship. The advice of Heward, Dardig, and Rossett (1979) is especially helpful in this regard. According to them, a productive parent-professional relationship provides parents with

- ☐ greater understanding of the needs of their child and the objectives of the teacher.
- ☐ information on their rights and responsibilities as parents of an exceptional child.
- ☐ specific information about their child's school program and how they can become involved.
- ☐ specific ways to extend the positive effects of school programming into the home.
- ☐ increased skills in helping their child learn functional behaviors that are appropriate for the home environment.
- ☐ access to additional important resources (current and future) for their child. (p. 226)

In order to achieve these goals, Heward and Orlanski (1984) stress preparation as the key to effective parent-teacher conferences. To ensure that your meetings with parents are successful, preparation and planning are vital. One of the best ways to prepare is to develop an agenda or outline for each meeting. A sample outline is presented in Figure 8.2.

Practical Suggestions for Effective Parent Conferences

A parent conference may be defined as a short-term (often one meeting) purposeful exchange of meanings and ideas between a helper and parents for obtaining data, conveying information, or providing release and support. The following suggestions are offered to you to help improve your parent conferences. These are perhaps obvious and simple. It is because they are so basic that we tend to omit, forget, or overlook their importance. Observing and using these suggestions can be far-reaching in benefiting a helping relationship.

1. The parent as an individual
Remember that every parent is an individual, with his own concerns and ideas about his child, the school, teachers, and the world. At any given moment, the way a parent sees things represents reality to them at that point and time.
2. Decide in advance what is to be discussed during the parent conference
Assemble a folder of the child's work and jot down a checklist of the various problems.
3. Unless you ask for permission or explain your purpose, don't take notes while talking with parents
They may feel intimidated and afraid to speak.

FIGURE 8.2 Parent-teacher conference outline

Conference Outline

Date _____ Time _____

Student's Name _____

Parent's Name(s) _____

Teacher's Name _____

Other Staff Present _____

Objectives for Conference: _____

Student's Strengths: _____

Area(s) Where Improvement Is Needed: _____

Questions to Ask Parents: _____

Parent's Responses/Comments: _____

Examples of Student's Work/Interactions: _____

Current Programs and Strategies Used by Teacher: _____

Suggestions for Parents: _____

Suggestions from Parents: _____

Follow-up Activities:
 Parents: _____

 Teacher: _____

Date Called for Follow-up and Outcome: _____

SOURCE: W. L. Heward, J. C. Dardig, and A. Rossett, *Working with parents of handicapped children*. Columbus, OH: Charles E. Merrill Publishing Company, 1979, p. 233. Used with permission.

4. Begin and end the conference with a positive and encouraging comment about the child

Many parents report they have never been contacted by a teacher or counselor except for negative information.

5. Don't rush the interview

It will probably take time for parents to relax and reveal what they are really concerned about.

6. Listen with enthusiasm

Parents should be encouraged to do the talking, telling, and suggestion making. Give parents a chance to "sound off," especially when they are upset or angry. After they have let off steam, you will find it easier to discuss the problem calmly. Control your facial expressions of disapproval or anger.

7. Be willing to agree with parents whenever possible

When the answer must be "no," take your time in saying it softly, without a trace of hostility. Communication becomes impossible in the midst of anger and recrimination.

8. Explain so that others can understand

All too often when communicating verbally with parents, we assume understanding where it does not exist. Remember that obvious things are often the most difficult to perceive.

9. Use the simplest and clearest words you find to explain what you and their child do in school

Gear your talk to the parents' interests and don't talk down to parents. They are not children and resent being treated as such. Whether well-educated or not, a parent may be embarrassed to admit not knowing a term the counselor uses with familiarity such as speaking glibly of "self-actualization" or "cognitive development."

10. Examine your own emotional reaction to criticism

Do you dislike or feel threatened by people who give you new ideas, or who disagree with you? If so, you may be getting this message across in subtle, unspoken ways.

11. Don't let comments about other children creep into the conversation

Avoid making comparisons with the child's brothers and sisters or members of his peer group.

12. Provide the parents with at least one action step—one thing they can do at home to help their child overcome a particular problem you've been discussing

Help them understand that their child's success in school must be a joint project of home and school. Specific information often minimizes the hopeless-helpless feeling of futility and anxiety.

13. At the close of a conference summarize and jointly plan for the next conference

At the close of the conference, parents should feel that something positive was accomplished and that future plans have been outlined. You may want to plan more frequent meetings for parents who seem to need a great deal of help.

14. Don't forget the follow-up

The first step is to write down the gist of what was discussed. These notes should be carefully reviewed and considered when planning the next conference. (National School Public Relations Association, 1968, pp. 21-22*)

Telford and Sawrey (1981) contend that the goals of counseling are essentially the same no matter who is being counseled. Although the methods, techniques, and types of information may vary, the purposes of counseling remain constant. These goals, according to Telford and Sawrey, are intellectual, emotional, and behavioral ones. In the intellectual realm, the parents need diagnostic information about the child's exceptionality as well as a prognosis for the future. The emotional component centers on the counselor's concern for the parents' fears, anxieties, and possible feelings of guilt and shame. The behavioral goal is that parents will develop modified behavior and specific plans for the family and the handicapped child. Telford and Sawrey comment that

The goals of counseling for parents of exceptional children are considerably more modest than those of psychotherapy. Counseling is not intended to change the personality of the counselee. It is intended to help reasonably well-integrated people understand and deal more adequately with the problems growing out of the presence of the deviant child in the family. Work with families of handicapped children is closer to social work than psychotherapy. It is more concerned with environmental manipulation and the handling of practical problems than with the personalities of the family members. (pp. 179-180)

Neisworth and Smith (1978) view counseling goals as (1) assisting people in dealing more effectively with their present situation, (2) helping individuals cope with immediate problems and function adequately in appropriate roles, (3) educating parents about intellectual competence and its influence on a child's daily performance and long-term development, (4) providing parents with assistance in handling daily behavior problems and family concerns and, (5) helping parents understand emotional concerns so that they will be able to find solutions and make decisions.

As you help parents of the handicapped to understand the day-to-day practical aspects of living with their child, you should keep in mind some general considerations. For example, Jordan (1972) suggested the following ten commandments for counselors:

1. Be honest in your appraisal of the situation and explain it without unnecessary delay.
2. Deal with both parents, since they are a natural unit.

*NOTE. From "Working with Parents: A Guide for Classroom Teachers and Other Educators," Washington, DC: National School Public Relations Association, 1968.

3. Be precise, but do not be unnecessarily technical in your explanation.
4. Point out who must be responsible ultimately.
5. Help the parents grasp the issues.
6. Keep in mind the referral agencies that can be of assistance.
7. Avoid precipitating ego-defensive reactions in the parents.
8. Do not expect too much too soon from the parents.
9. Allow parents their quota of concern and uncertainty.
10. Try to crystallize positive attitudes at the onset by using good counseling techniques. (p. 127)

Smith and Neisworth (1975) point out that sometimes professionals—whether teacher, physician, or psychologist—inadvertently reinforce the parents' denial of the damaged child. They stress what a great disservice this is to the parents and conclude:

The only truly helpful approach is an honest presentation of reality, even though this reality may be extremely painful and threatening. One task of helping parents of exceptional children is to facilitate a realistic perception of conditions as they are, and the first principle of such help must be absolute honesty. (p. 184)

Robinson and Robinson (1976) enumerate some specific ways that counselors can help parents face reality issues:

- ☐ First, they can serve as sounding board and ally.
- ☐ Second, they can serve as teacher, if necessary, or at least see to it that the parents receive help in acquiring management techniques which for retarded children must be made explicitly a part of child-rearing practices.
- ☐ Third, counselors can make certain that parents are in touch with appropriate community services, not only those which presently exist but those which are in the making.
- ☐ Fourth, counselors can strongly encourage parents to make contact with local parents' groups.
- ☐ Fifth, counselors can, by virtue of their continuing relationship, assure the parents that they need not make decisions prematurely, that bridges need not be crossed until rivers are reached. (pp. 423-424)

What suggestions or counseling goals might a parent propose to a professional? Gorham (1975) speaks from the parent's point of view and offers these suggestions to professionals:

- ☐ Let the parent be involved every step of the way.
- ☐ Make a realistic management plan part of the assessment outcome.
- ☐ Inform yourself about community resources.
- ☐ Write your reports in clear and understandable language.
- ☐ Give copies of the reports to parents.
- ☐ Be sure the parent understands that there is no such thing as a one-shot, final, and unchanging diagnosis.

- ☐ Help the parent to think of life with this child in the same terms as life with his other children.
- ☐ Be sure that the parent understands his child's abilities and assets as well as his disabilities and deficiencies.
- ☐ Warn the parent about service insufficiencies. Equip him with advice on how to make his way through the system of "helping" services. Warn him that they are not always helpful. (pp. 523-524)

The stress a handicapped child places on a family can be great. Blake (1976) comments on the psychological strain a retarded individual puts on parents:

For the family of a retarded child, the situation is more complicated and more hazardous. The particular handicaps of the child, the slowness of his development, the necessity of special arrangements for his physical care, training and companionship, and the adjustments which must be made in the family's expectations for the future combine to create pressure on the parents which tends to disrupt the normal family equilibrium. (p. 49)

A Crisis Intervention Method

Hoff (1984) points out that parents of developmentally disabled or handicapped children can experience crisis at many different times, such as

- ☐ When the child is born.
- ☐ When the child enters and does not succeed in a normal classroom.
- ☐ When the child develops behavior problems peculiar to his or her handicap.
- ☐ When the child becomes an adult and requires the same care as a child.
- ☐ When the child becomes an intolerable burden and parents lack the resources to care for him or her.
- ☐ When it is necessary to institutionalize the child.
- ☐ When institutionalization is indicated and parents cannot go through with it out of misplaced guilt and a sense of total responsibility.
- ☐ When the child is rejected by society and parents are reminded once again of their failure to perform as expected. (pp. 315-316)

What can a helper do to help ease a family's stress? Aguilera and Messick (1978) have developed a systematic, short-term, problem-solving approach to crisis intervention that focuses on solving the immediate problem. They believe that whenever a stressful event occurs, there are certain balancing factors that can bring about a return to equilibrium. These factors are

1. Realistic perception of the event
If the event is perceived realistically, there will be recognition of the relationship between the event and feelings of stress. In other words, what does the event mean to the individual? How is it going to affect his future?
2. Available situational supports
By nature, man is social and dependent upon others in his environment



Parents of handicapped children can experience crisis at many different times, including when the child enters a regular class and does not succeed.

to supply him with reflected appraisals of his own intrinsic and extrinsic values. Situational supports mean those persons who are available in the environment who can be depended upon to help solve the problem.

3. Adequate coping mechanisms

These are described as tension-reducing mechanisms and coping methods people use to relieve their tension and anxiety when faced with a problem. (pp. 70-71)

When the usual problem-solving techniques do not resolve the problems associated with having a handicapped child in the family, disequilibrium may result. Aguilera and Messick (1978) believe that the individual must either solve the problem or adapt to its presence. Leaving the problem unsolved leads to inner tension, signs of anxiety, disorganization of function, and a protracted period of emotional upset. Some parents will find solutions more easily than others; nevertheless, a professional helper must use

skills, logic, and background knowledge to help parents define the problem and find a solution.

THE CARKHUFF MODEL OF HELPING

A particularly useful model of helping was designed by Robert R. Carkhuff (1983). According to this model, there are distinct phases of helping between the helpee (client or parent) and helper (counselor or therapist). Figure 8.3 allows you to visualize these relationships.

To appreciate the usefulness of Carkhuff's model, we need to understand the terminology. According to Carkhuff, *attending* is a necessary precondition of helping. Attending skills allow the helper to see and hear the helpee. *Involving* is also a prehelping phase. Helpees become involved by preparing themselves physically, emotionally, and intellectually. *Responding* provides the basis for the helping process. It involves responding to content, feelings, and meanings. *Exploring* involves helpees analyzing their experiences and diagnosing themselves according to those experiences. *Personalizing* is the critical helping phase in which the counselor leads the helpee in taking responsibility for personal problems. *Understanding* requires the helpee to develop and personalize goals. *Initialing* involves defining goals, developing programs, designing schedules, and reinforcing and individualizing steps. *Acting* emphasizes two phases: defining goals and developing programs.

Four basic counseling strategies were discussed earlier in Chapter Five. In working with parents of exceptional children, you are encouraged to review, study, and practice these strategies. Regardless of the particular strategy you choose, you should understand the critical importance of using an appropriate therapy technique for each individual. Clients (including parents) vary in their problems, their concerns, and their particular history of the person-environment transaction (Ivey & Simek-Downing, 1980). The

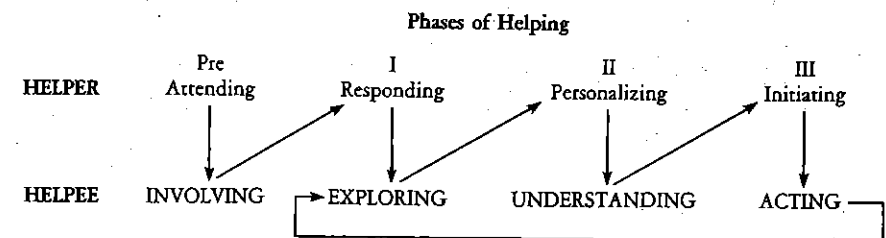


FIGURE 8.3 The Carkhuff model for helping

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importance of choosing the right technique is emphasized by Walker and Shea (1980) when they state that

The parents of a child with a problem are first and foremost human beings, and like all human beings, they react as individuals to the problems of loved ones. A particular parent's reaction is in large part determined by that individual's personal characteristics, life experiences, education and training, expectations, socioeconomic circumstances, and a variety of other variables. The parent's reaction is influenced by the characteristics of the child and the specific problem and, to some degree, by the educator's reaction to the problem. (p. 102)

CHAPTER SUMMARY

Parents of mildly and moderately handicapped children are often confronted with a variety of problems and concerns that are beyond the child-rearing responsibilities faced by parents of nonhandicapped children. As these needs and problems develop, parents often seek ways to identify, discuss, and resolve these problems. You may have the opportunity to assist these parents in overcoming their frustrations, tensions, and anxieties resulting from their beliefs and attitudes toward their handicapped child.

Because of the nature of mild and moderate handicapping conditions, parents will usually need information about their child, the nature and degree of the handicap, educational planning, and future prognosis. Don't assume that all parental problems or concerns are emotional. As a helper, your job may be only providing these parents with useful information to help them effectively cope with personal and practical day-to-day situations. With these parents, be particularly mindful of *the law of readiness*. Edward L. Thorndike and other theorists discovered principles of behavior that explained how learning takes place. The law of readiness says that when someone is ready to act, doing so is rewarding, and not doing so is displeasing. You must remember, then, that learning won't take place unless the person has a basic psychological need to learn. Parents of the handicapped possess a deep, innate capacity for psychological growth and personal development. As we work with parents, especially those reluctant, stubborn, or resistant to accepting information, we must develop our own capacity to wait for the "teachable moment." Only when parents have grasped the insight to change their behavior patterns can they adequately resolve their problems.

ACTIVITIES, EXERCISES, AND IDEAS FOR REFLECTION AND DISCUSSION

Note to the reader—Noticeably absent from this text are discussions of counseling principles that specifically relate to other defined areas of exceptionality, i.e., the speech impaired, the visually impaired, the hearing impaired, the physically handicapped and the child with behavioral disorders. There is no intent to ignore or slight

these handicapping conditions. Because of limitations of space, only *general* counseling principles that are often applicable to other handicapping conditions were included. The following questions will, therefore, relate to those other areas in the hopes that you will at least be aware that you must be knowledgeable in your area of expertise or refrain from initiating a superficial or perhaps harmful relationship.

1. What are some specific counseling principles that are unique and applicable primarily or exclusively to the following handicaps: the visually disabled, the hearing impaired, the speech impaired, the physically handicapped, and the behavior disordered. An example might be your belief that being parents of the physically handicapped can place an additional financial burden on the family. A principle, therefore, might be to aid parents in securing financial relief or assistance. Cite other guiding principles of helping within each area. Support your viewpoints with research or studies.
2. The following is a list of frequently used terms associated with auditory impairments. Define these terms as if you had to explain their meaning to parents without using sophisticated technical jargon.

decibels, otologist, speechreading, auditory training, oralism, manualism, fingerspelling, the simultaneous approach, audiometer, residual hearing, Rochester method
3. Parents whom you are counseling express concern about their visually impaired child's personal and social adjustment. What does research tell us we can share with these parents?
4. List agencies, diagnostic clinics, or other facilities in your community, county, city, or state that offer comprehensive professional services to strengthen the relationship between parents and the visually handicapped child and give parents the information and skills that would enable them to meet the child's special needs.
5. How would you explain to parents the difference between residential schools, day school, and special classes for deaf children? What are the advantages and disadvantages of each?
6. Why is it important for parents and relatives to realize that the child has limitations as well as potentials? In the counseling process, should the counselor emphasize the child's limitations, potentials, or give both equal consideration?
7. For an advanced research topic, trace the history of parent counseling.
8. Debate this statement: Teachers in training need as much preparation in working with parents and other professional personnel as they do in working with children.
9. Interview parents of children with physical handicaps. Identify past and future concerns that they have about their child. What unique problems do parents of the physically handicapped face when compared with other handicapping conditions?
10. Discuss the viewpoint that a physical disability is not an objective thing in a person, but a social value judgment.
11. List civic clubs or other organizations in your community that assist parents of physically handicapped children. What is the nature of their service?
12. You are counseling with the parents of a severely physically handicapped child. One parent says, "But I have my own life to lead." What implication may be

drawn from this statement? How would (could) you respond to such a statement? List and discuss some appropriate responses. List and discuss some inappropriate responses. What other factors need to be considered?

13. Invite a staff member from an organization such as the United Cerebral Palsy Association to visit your class and discuss children who have physical handicaps. How extensive is their work in counseling with the parents? Do they have a parent-training program?
14. What methods or approaches can be used to counsel parents who admit there's a problem with their son's behavior and then proceed to blame someone else or themselves?
15. Do professional people too often forget that parents are people? Explain.
16. Do professionals frequently underestimate the expertise of the parent in being a parent of a child with a behavioral disorder?
17. Give some reasons why emotional disorders, particularly in children, are often difficult for parents to understand, recognize, and accept.

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